



Patent

Case Docket No. TSM-35

In RE application of Y. MIMATSU et al

Serial No.: 10/787,112

Group Art Unit: 2131

For: METHOD AND APPARATUS FOR SETTING
ACCESS RESTRICTION

Examiner: T.T. Doan

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

- ☐ Small entity of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.
- ☐ A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.
- ☐ No additional fee is required.

The fee has been calculated as shown below:

| | (Col. 1) | | (Col. 2) | (Col. 3) |
|--|---|-------|---------------------------------------|------------------|
| | Claims Remaining After Amendment | | Highest No. Previously Paid For | Present Extra |
| Total | 20 | Minus | ** 20 | = |
| Indep. | 8 | Minus | *** 8 | = |
| <input type="checkbox"/> First presentation of Multiple Dependent Claims | | | | |

| SMALL ENTITY | |
|--------------|-------------------|
| Rate | Additional Fee |
| X 25 | \$ |
| X 100 | \$ |
| X 180 | \$ |
| Total | \$ |

OR

| OTHER THAN A SMALL ENTITY | |
|------------------------------|-------------------|
| Rate | Additional Fee |
| X 50 | \$ |
| X 200 | \$ |
| X 360 | \$ |
| Total | \$ |

OR

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in col. 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write '20' in this space.
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write '3' in this space.
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior Amendment or the number of claims originally filed.

- ☐ Please charge my Deposit Account No. 50-1417 in the amount of \$_____.
- ☐ A Credit Card Payment Form in the amount of \$ 940.00 is attached RCE & Suspension.
- ☐ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayments to Deposit Account No. 50-1417.
- ☒ Any filing fees under 37 CFR 1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 CFR 1.17.
- ☒ Any Extension of Time fees that are necessary, which are hereby requested if necessary.

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Date: October 31, 2007



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 10/787,112 Confirmation No. 5084
Applicant : Y. MIMATSU et al
Filed : February 27, 2004
Title : METHOD AND APPARATUS FOR SETTING ACCESS
RESTRICTION
TC/AU : 2131
Examiner : T.T. Doan
Docket No. : TSM-35
Customer No.: 24956

Commissioner for Patents
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P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Sir:

In response to the Office Action (Final Rejection) of October 2, 2007, please amend the above-identified application as follows. A Request for Continued Examination (RCE) and a request for a suspension of action as well as the appropriate fees accompany this response.

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks / Arguments begin on page 18 of this paper.